

**PHOTOGRAPHY REQUEST****MEDICAL PHOTOGRAPHY DEPARTMENT, NSHS BETHESDA**

Phone: (301)295-1014 or e-mail: medphoto@nsh10.med.navy.mil

**LOG NO** – Lab use only

SIGNATURE OF REQUESTER

PRINTED NAME

TELEPHONE / PAGER

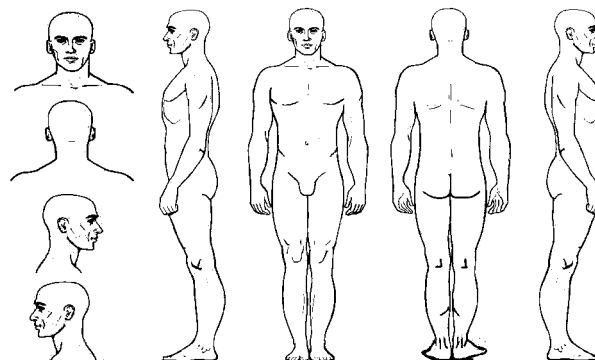
PATIENT INFO. – MATERIAL SUBMITTED – EVENT INFO.

REQUESTING COMMAND

DATE/TIME

LOCATION (If on Location)

- ☐ PRE-OP  
☐ POST-OP  
☐ INTRA-OP  
☐ SPECIMEN
- ☐ BREAST SERIES  
☐ THIGH/LEG SERIES  
☐ ABD. SERIES  
☐ FACIAL SERIES  
☐ FACE/NECK SERIES  
☐ EYE SERIES – w/HAIRLINE  
☐ EYE SERIES – wo/HAIRLINE  
☐ NOSE SERIES  
☐ OTHER – BE SPECIFIC

**PATIENT CONSENT STATEMENT**

IN ACCORDANCE WITH TITLE 10, US CODE & EXECUTIVE ORDER 9397, I HEREBY GIVE MY CONSENT FOR MEDICAL PHOTOGRAPHS TO BE TAKEN AS DESCRIBED ABOVE. I AM AWARE THAT THE PHOTOGRAPHS ARE FOR USE BY THE ATTENDING PHYSICIAN FOR INCLUSION IN MY MEDICAL RECORDS, EDUCATIONAL PURPOSES AND/OR POSSIBLE USE IN MEDICAL EXHIBITS, PUBLICATIONS OF MEDICAL KNOWLEDGE, AND LECTURES FOR THE TRAINING OF MEDICAL AND PARAMEDICAL PERSONNEL.

PATIENT SIGNATURE

PRINTED NAME

DATE

WITNESS SIGNATURE

PRINTED NAME

DATE

STAND-BY SIGNATURE

PRINTED NAME

DATE

**FILM PROCESSING ONLY**

- ☐ SLIDES (PROCESS E-6): PROCESS AND MOUNT X \_\_\_\_\_ ROLLS  
☐ NEGATIVE (PROCESS C-41): PROCESS \_\_\_\_\_ X \_\_\_\_\_ ROLLS

**SLIDE DUPLICATION ONLY**

DUPLICATE X \_\_\_\_\_ SLIDES NO. OF DUPLICATES EACH = \_\_\_\_\_

**PRINTS ONLY**

- ☐ COLOR . ☐ BLACK AND WHITE . ☐ FOR PUBLICATION

- ☐ 35MM PROOFS (4x6) ☐ 120MM PROOFS (4x5)

NO. OF VIEWS REQ'D = \_\_\_\_\_ NO. OF PRINTS EACH VIEW = \_\_\_\_\_

☐ 4x5. ☐ 4x6. ☐ 5x7 ☐ 5x8. ☐ 8x10 . Other \_\_\_\_\_x\_\_\_\_\_**WARNING : COPYRIGHT RESTRICTIONS**

THE COPYRIGHT LAW OF THE UNITED STATES (TITLE 17, US CODE) GOVERNS THE MAKING OF PHOTOCOPIES OR OTHER REPRODUCTIONS OF COPYRIGHTED MATERIAL. UNDER CERTAIN CONDITIONS SPECIFIED IN THE LAW, LIBRARIES AND ARCHIVES ARE AUTHORIZED TO FURNISH A PHOTOCOPY OR OTHER REPRODUCTION. ONE OF THESE CONDITIONS IS THAT THE PHOTOCOPY OR REPRODUCTION IS NOT TO BE USED "FOR ANY PURPOSE OTHER THAN PRIVATE STUDY, SCHOLARSHIP, OR RESEARCH." IF A USER MAKES A REQUEST FOR, OR LATER USES A PHOTOCOPY OR REPRODUCTION FOR PURPOSES IN EXCESS OF "FAIR USE", THAT USER MAY BE LIABLE FOR COPYRIGHT INFRINGEMENT. THIS COMMAND RESERVES THE RIGHT TO REFUSE TO ACCEPT ANY COPYING ORDER IF, IN ITS JUDGMENT, FULFILLMENT OF THE ORDER WOULD CONSTITUTE COPYRIGHT VIOLATION. SIGNATURE ON THIS FORM INDICATES THAT COPYRIGHT PERMISSION IS NOT REQUIRED, AND THAT ANY INFRINGEMENTS OF COPYRIGHT LAWS BECOME THE SOLE RESPONSIBILITY FOR THE REQUESTER

DATE

SIGNATURE

Film Twin Tabs

Material Twin Tabs

Received by

Printed Name

Date Received

Department